

# STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### RECEIVED

APR 2 4 2019

NEW HAMPSHIRE

1. Name of Lobbyist(s	s) Collan Rosier			DEPARTMENT OF S
II. Name of lobbyist's	s partnership, firm (	or corporation, if a	ny:	
Maxim Healthcare Se				
(Nan	ne of partnership, firm o	or corporation)		
7227 Lee Deforest Dri		Columbia	MD	21046
Business Address: (Str	rect)	(Town/City)	(State)	(Zip Code)
(410) <u>910-1467</u> (Telephone)	(	)(Fax)	e-mail corosier	@maxhealth.com
(Telephone)		(rax)		
III. This statement co reportable expense tr				may file a separate report for
reportable expense tr	misherions which hi	e not attributable t	to any one enemy.	
☐ All reportable trans	sactions occurring in	the months prior to	the reporting date relative to	the following client:
	(Full Name of Client	as it appears on the Lo	bbyist Registration Form)	·
<u>OR</u>				
All reportable trans unrelated to any partic		st (including the lob	byist's family), or the lobbyi	ng firm listed below which are
IV. Date of Report Reports cover: active	April 24, 2019 🗔	ntion to 3/31/19	July 31, 2019	70
Reports cover. activi	October 30, 2019	_	January 29, 2020	
	activity from 7/1/19 to		activity from 10/1/19 to 12/3	
			transactions made since se Secretary of State's Office,	
VI. Check if addition:	al reports are attacl	ied:		
If you have receive	ed fees or made expe	nditures, you must f	ile Addendum A– Fees and	Expenses
		bursed expenses, yo	ou must file Addendum B- F	Report of Honorariums or
Expense Reimburseme  If you, your firm, (		ade nolitical contrib	utions you must file Addenc	dum C- Political Contributions
	•		,	
	SA 15-B, RSA 14-C	and RSA 664 and h	ereby swear or affirm that the	e foregoing information is true
and consplicte to the by	st of my knowledge a	and belief.	. / /	
( Also D	lace	·	4/22/19	<u> </u>
(Signature of lobbyist	)		, , (Ç	Date)
Collan Rosier	<del></del>	<u></u>		
(Print Name of lobbyi	st)			

# PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Collan Rosier	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Maxim Healthcare Services, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client Maxim Healthcare Services, Inc.	Date 4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>100</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>100</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of the being lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm he aggregate total of all expenses paid expenses; (b) the aggregate total of all belt: meals purchased during a businesses than \$10 that is given to the person fied with a value of \$25.00 or less); and orting period of greater than \$25.00 foliue of greater than \$25, purchase of a ter than \$25, but not greater than \$50 s, expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$ 100
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$100
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>100</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
•	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Colle B. Rain (Signature of lobbyist)	4/22/19
(Signature of loopyist)	·(Date)
Collan Rosier (Print Name of lobbyist)	